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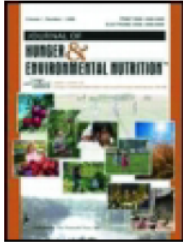
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## Kitchens and Pantries—Helping or Hindering? The Perspectives of Emergency Food Users in Victoria, Australia

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## Kitchens and pantries – helping or hindering? The perspectives of emergency food users in Victoria, Australia

### Introduction

In order to develop effective programs and policies that respond to food insecurity, it is necessary to understand the experiences of people affected and their desires for support and change. People who have experienced food insecurity in Australia, estimated as four percent of households (1), have not been routinely included in policy or solutions-orientated research. In a recent international journal of emergency food research, the

editors urged for “...more representation of the unheard voice of the user” (2), highlighting that this topic has been neglected in both the Australian and international evidence-base.

In a number of high-income countries, including Australia, Canada, the United Kingdom, national governments have failed provide a safety net and to protect the right to food and a growing proportion of people are forced to seek out free or subsidised charitable food programs (3, 4). These programs attract thousands of volunteers and wide support from civil society, the philanthropic and political spheres. Amongst food and health scholars there is significant concern about the effectiveness and appropriateness of charitable food programs, although there are gaps and inconsistency within the available evidence. The poor-nutritional quality of food provided in meal and pantry programs has been documented (5-7), there are however examples of nutritious-food provision in the charitable setting (8, 9). Barriers to accessing charitable food programs include food supplies that are inadequate or inappropriate, ad-hoc access criteria and a mismatch of services with community needs (10, 11). People may feel guilt and embarrassment about seeking out charitable support (12) and ethnographic research has demonstrated how charitable programs represent social exclusion via client non-participation in mainstream consumer culture (13). Conversely, Wicks and colleagues found that soup-kitchen clients attended meals and valued the social interaction and connectedness (14).

This Australian study provides insight into the issue of individual and household food insecurity and it investigates the preferred food insecurity strategies, in terms of both food charity and other possible programs or policies, from the perspective of those who are food insecure. In the limited Australian literature, a cross-sectional national survey (n=1,719) in food insecure households found that participants nominated local fruit and vegetable production (84%), nutrition education (84%), transport to shops (82%) and improved public

transport (76%) as their favoured food insecurity strategies (15). According to a sample of low-income Australian caravan park residents (n=83) helpful food strategies included regular access to a community bus and the establishment of community gardens (16). Pezet (2012), in a grey literature report, described the preferences of Central Australian Aboriginals relevant to their food security needs; these included amended emergency relief programs, increased community-led food projects and more flexible government-provided social security benefit schemes (17). The Australian charitable food sector is estimated to provide food and/or meal programs for between 900,000 and 2,000,000 users each year (18). Most users are self-referred and obtain disability, unemployment, pensioner and/or other types of government-provided social security benefits (hereafter referred to as social security) (19). The existence of food charities can be seen as a symptom of a society that does not safeguard people's ability to obtain enough safe, nutritious, and affordable food through socially acceptable means; people who need to rely on charitable food programs are not defined as food secure (3).

The aim of this study was to develop an understanding of users' experiences of food using food relief or emergency food charity. To achieve this aim, semi-structured interviews with a sample of Victorian food charity users were conducted. Interviewing provides the researcher with access and understanding of the participant's private interpretations of their own social situation (20). This manuscript outlines the interview methods used, results found and discusses the ramifications of the study for practice, research and policy.

## **Methods**

A semi-structured interview was used in order to achieve three interview objectives, to allow general discussion and to allow unexpected ideas to emerge. The three interview objectives, linked to the overall study aim, were to:

- i) gain insights into the lived experience of those suffering food insecurity;
- ii) gain insights into the lived experience of using food charity; and
- iii) identify users' preferred responses to food insecurity, including interviewees' perspectives of the usefulness of a potential framework for food bank/rescue organisations (relevant to a parallel study).

Most Australians (85%) live in zones classified as urban (21), therefore an urban sample in Melbourne, Australia, was sought to develop an understanding of the urban experience. Given the potential vulnerability of people using food charity, caution was used in participant recruitment: volunteers linked to charity services were deliberately recruited as they were accessible, informed and less likely to be in acute crisis, but at the same time they were people who currently were using, or within the last three months had used, food charity. Deakin University human research ethics approval was obtained to conduct this research (HEAG-H 50\_2013).

### ***Recruitment***

Twelve participants were recruited from two sites over a four week period. The choice of sampling method for the interviews had purpose (seeking people who have recently used, or who currently use, food charities), variation (urban and outer-urban) and convenience (interviews able to be conducted during business hours). The first recruitment-site was a service for people affected by homelessness, located in downtown Melbourne. The service operates a program that provides training to people experiencing homelessness or recently affected by homelessness. The training prepares people for public speaking,

consulting and research participation, and program graduates are volunteer homelessness representatives (referred to as users throughout this paper). The service was contacted by the lead author. The program manager distributed the recruitment flier (which outlined the desire of the researchers to interview food charity users) to seven volunteer homelessness representatives via email. Six volunteers agreed to be interviewed and one volunteer did not reply.

A similar notice was also placed in a state-wide emergency relief network newsletter, seeking more recruitment sites. A church-operated welfare service, located in an outer-urban suburb of Melbourne, responded and agreed to help recruit interviewees. The service had volunteers working in a variety of roles including driving trucks, reception and food pantry duties. The manager placed recruitment fliers at reception and explained the research at the morning briefing, highlighting the desire of researchers to interview volunteers who were also current food pantry clients (referred to as users throughout this paper). Six volunteers indicated their willingness to be interviewed.

### ***Interviews***

The lead author, trained in qualitative research and experienced with this setting, conducted all interviews. None of the participants were known to the interviewer. The interview guide was designed around the three interview objectives. It commenced with general questions about participant's eating habits and preferred foods. Then it focussed on food insecurity, in terms of going without food, budgeting and coping strategies including the use of food charities to elicit information about program strengths and weaknesses. The interview concluded with questioning the participants about how charitable services, community programs and/or government actions could better meet the needs of people affected by food insecurity.

The interviews were a one-off and took place in a private room at the two services. The shortest interview (17 minutes) was with a participant who responded timidly; the 11 other interviews occurred for an average of 48 minutes (ranging from 26 to 95 minutes). Consent forms explained research purpose, qualifications of interviewer, management of data and intended reporting. Field notes were taken pre- and post-interview. Given the potentially sensitive nature of this topic, participants were made aware that they could halt the interview at any time and the interviewer could refer them to local counselling services. This was not necessary during any interviews. Participants were informed that the discussion would not impact their capacity to access food charity and data would be de-identified. Basic demographic information was captured at the conclusion (age, gender, and years using food charity). All participants were compensated after the interview with a supermarket voucher. Transcripts were not returned to participants for member checking unless requested, and no participants requested a transcript.

### ***Data entry and analysis***

The first three interviews were transcribed by the lead author to identify any necessary changes to the interview discussion guide. The lead author conducted the next nine interviews and these were transcribed by a professional transcription service. The nine transcripts were read against audio recordings for accuracy. The two-phase data collection (three interviews, then nine) enabled an iterative thematic analysis and recruitment of more participants or sites if required. Saturation was achieved when no new information emerged and rich data had been gathered (22). After twelve interviews, similar themes were found and were complementary to the literature. Sites were requested to recruit no further participants and the notice was withdrawn from the emergency relief network newsletter.



The data were analysed using both personal, socio and ecological perspectives, i.e. analysing for individual and environmental determinants of food insecurity. A four-stage thematic analysis (23) was conducted. Firstly the transcripts were read and re-read by the lead author for stage one immersion. NVIVO 10 (QSR International, 2014) assisted coding on the digital transcripts in stage two. The coded-data were organised into sections pertinent to three interview-objectives. Thirdly, categories, or “nodes” were created within each section of the objectives, and shared with co-authors for linking between coded-data, nodes and themes relevant to each objective. Finally this procedure helped to develop ideas and ultimately generate content description and themes.

## **Results**

Six males and six females were recruited across the two sites (Table 1); notably the equal gender divide was by random chance. The youngest participant was a twenty-year-old female and the oldest was a fifty-seven-year-old male. Participants 4 and 5 had used food charity for less than one year, whereas participant 8 explained his mother took him to soup vans when he was growing up; he was an inter-generational food charity user. During interviews the participants shared their perspectives both as volunteers located within this setting and as users of food charity services; the findings should be interpreted accordingly. These perspectives shed light on service access and service provision and although only 12 were interviewed, the data is rich and relatively rare in the literature.

*TABLE 1 INSERT HERE*

*Table 1. Participant demographics*

### **Lived experience of food insecurity**

#### ***Description of diet, food preparation and food acquisition***

Participants described the value they placed on healthy food, cooking and providing for their family. The parents in the sample (n=5) described the importance of feeding their children. Three participants identified how a healthy diet was a key part of their recovery from health problems which included heroin addiction, alcoholism and breast-cancer. Participant 12 described diet quality as a low-order priority for people in immediate crisis and nutrition was something he considered only when he started to regain stability in his life and aspire for his future.

In terms of domestic facilities to store, prepare and consume food, a number of participants explained they enjoyed cooking and had the capacity to entertain guests. Participant 1 reflected that his new home allowed him to have friends over for a "...food party" and participant 2 described that her best dish was pork chops. This was contrasted with several participants explaining their shared accommodation and/or the anti-social behaviour of co-tenants, meant the kitchen was unsuitable for preparing food. One female client dryly laughed when asked about cooking. She stated that she was "...a shocker", implying her cooking skills were poor.

All participants described that they were currently accessing mainstream retail supermarkets and food outlets through resourceful budgeting, bargain hunting, buying in bulk, and shopping at the end of the day. A participant at the urban site explained that she could locally access cheap take away options "...for under \$10" and outer-urban participants valued cheap home grocery delivery services. Participant 8 consumed cheap sausages, tinned tuna and legumes as low cost protein options to replace the steak he once enjoyed. One participant had a friend who could loan her money and her sister supplied her with discount vouchers. Three participants also spoke about food acquisition practices that they undertook which were illegal such as dumpster diving, begging and shoplifting.

### ***Determinants of food insecurity***

The participant's personal circumstances were complex. Multiple barriers to achieving food security were faced, but several strategies were used to reduce the impact of food insecurity. Two themes emerged from participants' narratives: "vulnerability" to food insecurity and "resilience" to mitigate effects.

### ***Vulnerability to food insecurity***

When people experienced a crisis such as becoming homeless, it jeopardised their ability to secure many basic needs, including their dietary requirements. Users shared feelings about being emotionally stressed and disorientated, particularly when a crisis first struck. Participant 12 described that "...one of the most crippling emotional things about being homeless, or living in a rooming house...is the daily uncertainty. The fear, the worry, the anxiety..." Participants referred to a period where they were unaware of support available and hence unable to access food or other programs. Participant 9, reflecting on his first experience of homelessness explained "...people are lost. You can't find your way ...there's no billboard..." Whilst the participants had all experienced an acute crisis, it is important to note that 10 of the 12 participants had used food charities for more than a year suggesting that their underlying chronic poverty was the major driver for food charity usage, rather than an acute issue.

Interviewees described substandard housing and domestic issues which contributed to food insecurity. All participants recruited from the urban service and two from the outer-urban service referred to periods where they had been "sleeping rough" (squatting in houses, sleeping in cars, sleeping outdoors). Participant 1 explained that he consumed only non-refrigerated food whilst he was sleeping rough. Storing foods in his back-pack, he needed to be vigilant of food safety. Using microwaves at convenience stores was possible

for food-heating, when people were living on the street or did not have access to kitchens, although participant 8 clarified that he was often chased away by staff working in stores. At the time of the interview all participants were living in boarding houses, public housing, renting or servicing a mortgage.

Acute and chronic health problems contributed to user vulnerability to food insecurity. For example, participant 1 had been through drug and alcohol rehabilitation, chemotherapy and suffered hepatitis C. His chemotherapy treatment lead to a period of homelessness when he lost fifteen kilograms. He asserted that his current focus was "...a healthy diet, lots of protein, lots of good food that will refuel and replenish..." For participant 6, the current demands on her life (dealing with the death of her mother, repaying debt, living in a boarding house, finding a job) were time consuming and stressful. She stated "I don't think about myself...until I get to the point where I'm ill because I need to eat". One participant described an accommodation service where he was once housed; the meals were so small he lost sixty kilograms.

Relationships and family units could also increase client vulnerability. One female participant explained she became homeless after being a victim of domestic violence. Another woman was a part-time carer for her grandchild, financially supporting her son with his prison-associated stipend and struggling to find part-time employment. For another mother, her husband's illness increased the family's vulnerability to food insecurity because he could no longer drive or work. Participant 11 was offered support from his brother when he first became homeless, demonstrating how families can be advantageous. This personal relationship, however, eventually became an additional stress on his life. He described:

"...my brother said...live with me and my daughter...until you get on your feet, just put in whatever you can for rent. That day I moved in to the flat,

he had a heart attack and died...And I was left with rent ...I couldn't afford, a fourteen year old girl I was supposed to take care of...And well basically one day she just took all the money out of my wallet in the middle of the night...and took off."

Due to their limited financial resources, users were vulnerable to periods of reduced food intake, the need for charities, anxiety about the food budget and swapping-branded products for no-brand/cheap foods. All participants had used, or currently accessed social security; ten were not undertaking paid work. Participant 5 explained that despite his stoic nature and tolerance for plain/no-brand foods, items purchased when he and his wife were out of work, were unrecognizable and "...just horrible, there was no taste". Another male couldn't remember the last time he ate meat. Similarly participant 6 stated that "...the meat and vegetables is really what I'm missing out on because I just can't afford it" and instead, she was consuming "...small serves of sausages and potato..."

### ***Resilience to food insecurity***

Among the interviewees, the theme of helping others was a source of pride and contributed to resilience. Participant 6 described her volunteering experience as "... I'm relaxing, I'm not thinking about anything else at home...I'm still trying to work out stuff for myself which is a lot harder. It's easier to help other people, I've noticed that". Another participant was a life-coach (paid-employment) after his homelessness journey. He was invited to attend services and advocate for people experiencing hardship. Participant 5 explained that he and his wife could not wait to re-pay the support they had been given, so he'd been volunteering at a pantry for three years.

The users employed a number of masking techniques in order to disguise the effects of their personal circumstances. One of the interviewees, a mother of two boys, who had

suffered severe mental health issues, suicide-attempts and personal trauma reported that others would incorrectly perceive her as bubbly and light hearted because “...she plays the clown”. When asked why she did this, she clarified that it was “...to make everyone happy”. Participant 1 felt like he had to “...keep up a façade”; he went dumpster diving alone to avoid humiliation. Two participants spoke about an awareness of other people in the community being too “snobby” to ever use food charity; one client joked that “...it's those people that you feel sorry for. You've got so much money, your life must be so boring. [Laughter]”. This use of humour could be a mask for the disempowerment that accompanies the experience of living in poverty.

In contrast to relationships contributing to people’s potential vulnerability to food insecurity, many interviewees identified significant support in social networks and professional services. Participants described how friends and social networks enabled them to get a referral/self-refer to food and welfare programs. One client felt dietetic support was a part of his recovery from a drug addiction and eating disorder, whereas another participant recovering from chemotherapy felt that her dietitian was out of touch with her needs and “...insulting” after recommending an organic and healthy diet. She was “...on the smallest budget this side of the black stump and there is no way...” she could afford that. Participant 12 spoke about the positive impact of a drug and alcohol rehabilitation camp he attended.

Another element of their resilience was a tenacious and brave personality. For example, one client explained that he would “...never lay down and die”. He was currently housed after long term homelessness. His struggles with mental health meant that he had good and bad days, but he said he was on a journey to recovery. Participant 2 escaped a violent marriage by packing her belongings one day when her husband went to work. She

believed that other women were not as brave, but felt it was vital to escape for her survival and that of her daughters. As a final demonstration of tenacity evident in this client group, one male participant described a “cess pool” where he once lived. The low standard of this accommodation and the lifestyle that went with it triggered something in him. He gave up alcohol and filed a law suit against the accommodation provider. Eventually he was successful and awarded compensation. At the time of the interview, he was 52 weeks sober.

A profound factor in client’s ability to manage the effects of food insecurity and even experience food security, was their capacity to regain stability in their life. Participants who were no longer homeless had increased domestic stability which provided a cooking and storage space. Participant 5 explained that when he and his wife were in work they could purchase and eat in a manner that was satisfactory, but things were “...not too crash hot” when his wife was out of work. Participant 11 moved into his own unit, to live alone, only as a middle aged adult after years of homelessness. He proudly explained that he “...could actually cook”.

#### **Lived experience of using food charity**

Each interview participant was asked about the strengths and the limitations of the food charity options available to them. Based on the thematic analysis of the transcript data, the experience is represented by three major themes: charitable food services have significant shortcomings, services are a basic means to help users survive and services can help users to move forward.

#### ***Shortcomings of emergency food***

The likelihood of being granted effective emergency help was questioned, with some describing it as “...a lucky dip”. Qualifying for a food-voucher, parcel or meal may be totally

at the discretion of the staff and volunteers at different services. One participant found the process at one service intrusive and strict, however two other participants believed all users should be assessed by case managers so underlying issues are addressed. The church welfare service had a local policy, whereby people from neighbouring regions could not access their programs. Participant 12 explained that there was an over-saturation of services in some regions of the city and not enough in other areas.

A common colloquial phrase in Australia, “beggars can’t be choosers” was used by several participants to qualify their critical feedback, exposing the power inequities that play out in the charitable food setting and the tensions between seeking aid and adopting the role of being “beggar”. Participant 10 felt that the charities were operated by “...the rich” and the volunteers and staff have a sense that they “...know what’s best for you”. She lamented the lack of a rights-based approach due to the government’s “...handball (of) the problem to non-profit organisations”. Participant 12, however, believed that the government had to “champion the issue”, but there ought to be private and community partnerships to assist.

Several participants acknowledged that faith-based services were active in the sector and found that the services were happy to supply people of no/other faiths. One participant, however, was concerned with a local faith-based barbeque where some “...pretty vulnerable people” were in attendance. He felt obliged to listen to the preaching after he had taken the food. Participant 2 admitted it was “...a little embarrassing” to use the service, and participant 8 more strongly stated: “ ...half the services you walk in there dead...You’re leaving your pride and your dignity at the front door”.

Users described the food offered in meal or parcel programs as non-nutritious because it was monotonous, unsafe or poor quality. Participant 11 received “...a little bit of



fruit that's on the turn, cereal, lots of noodles, a lot of starchy food..." and another commented, "...you ...get lots of noodles and pasta, and pasta sauce..." Participant 9 was concerned that users, particularly the youth who access food services, were being denied "...brain food". He was worried about the hot dogs, mars bars and pies being freely provided through a night soup van. Drawing on his experience in hospitality, one participant recognised that two large urban emergency accommodation services, were catering meals for great numbers and "...nutrition is (*therefore*) automatically replaced by speed and efficiency". One interviewee, who also volunteered at a pantry, explained that some people were "...fussy" and that most of the fresh food donated was not of the same cosmetic standards expected in retail stores. A "...couple of marks" on the fruit and vegetables can be cut off. At least one participant believed he had experienced food poisoning at a charity and another described the food at one service unfit for feeding dogs.

Participant 10 explained that every Monday morning supermarket-vouchers, provided by a local welfare service, were quickly allocated and the numbers provided were insufficient to meet the demand. The youngest female participant said that it was harder accessing her local pantry as a single person, because there was "...a lot less veggies, a lot less variety" as compared to family parcels. The difficulty of catering for unknown quantities of people at meal services sometimes transpired in people arriving to find no food left and one participant suggested that this can cause fights amongst users. Also, some feared night soup vans may be interrupted due to weather or other barriers.

### ***Charities help people survive***

Despite the previously described limitations, the prominent health and financial vulnerability in this sample indicates that some users may, indeed, be unable to eat

sufficiently without charity services. As one participant described it “...four bags of shopping...that’s life or death to some people”. Participant 7, who had used food charities for over ten years, conceded that she was unable to work and reliant on a disability social security payment. Access to the food pantry where she volunteered, meant that she could use their food program when needed, but otherwise shop online and bargain hunt. Using the food charity appeared to be a part of her normalised and regular food acquisition practice for more than a decade. Participant 8 was concerned about reduced funding and explained how services were shutting down “...too fast” in Melbourne.

Many participants appreciated the charitable food services: with some preferring meals, others preferring supermarket vouchers, and others still, valuing pantry services when you can get “... a trolley full of food”. School breakfast programs were used by one participant to feed her children in the days leading up to her social security payments (which typically occur fortnightly in Australia). The muesli bars obtained by participant 4 helped to provide a treat for her granddaughter, the vouchers granted to participant 12 helped with his weekly shop and participant 11 explained how when he once ran out of food, a local food pantry volunteer told him “...oh come down, we’ll get something for you”.

The participants at both services also explained that by seeking food support, users can be linked with a variety of other services. One participant described how she was referred to an emergency accommodation service for a room and then another service for furniture. She “...had to start again. They were fantastic”. The interviewee who was a life coach explicitly attended services so he could mentor, refer and advocate for people experiencing homelessness. Several participants mentioned case managers and staff at food charities who were able to refer them with other vital support.

### ***Charities help people move forward***

The opportunity to socialise, relax and connect with people at food services was valued by the participants. Participant 1, for example, explained that he enjoyed a local meal service: "... just to access it ... you feel like you're not necessarily on the streets. Like you might not (*otherwise*) have access to a newspaper, for instance, and a coffee and a nice brekkie and a nice sort of place to sit". The lack of social support and poor-domestic environment described by participants may be offset by the atmosphere offered at services. Participant 9 believed "...around food you can actually...you can build a relationship with people, and you can find out what's going on for them". This experience of socialising with food was a more evident part of the user experience at the urban service, likely because of their use of community meal programs, as opposed to pantry programs more common in welfare settings where users can access food to prepare in their own/shared kitchen.

Participants described services that were providing food that was "beautiful", "nutritious", "quality" and "phenomenal". These food charities were providing programs that were greatly valued, as exemplified by participant 8 who acknowledged the commitment of one charity who was open every day of the year for breakfast and another who provided a "...good tea...somewhere you can sit down at a table and eat with a bit of dignity". This food then was a means of, as one male participant described it, drawing "...people forward".

The care, commitment and compassion demonstrated within services was valued by users and recognised as a mechanism to help people cope. The youngest female client described the people at the church-operated welfare service as "...nice, there are people to chat with". And participant 7 found them to be "...very supportive...very generous". One male participant was pleased that volunteers and staff created programs to demonstrate

care for the community and not wait for others to take the lead. He appreciated their passion and resolve to try and contribute.

### **Users identified solutions**

All participants were asked their perspectives on food insecurity strategies, with prompts to help gather ideas about government's role and non-charitable options. Table 2 summarises the interviewee's proposals for food charities, non-charity services and government programs and policies.

TABLE 2 INSERT HERE

*Table 2. Participants preferred responses to food insecurity*

The users articulated a number of changes they'd like implemented at food charities. Participant 10 explained that when she met case workers she didn't want "...grandiose promises..." but instead someone who knew the complex welfare system and could navigate her to the support she needed. A number of participants explained that they would like charities to reverse demeaning policies like lining up for food or intrusive questioning, and incorporate positive activities like providing newspapers, hosting a band (at community meals) and as participant 12 described "...more respectful access to the provision of food supplies rather than cap in hand...".

Beyond the direct food service provision aimed at individuals and households, interviewees provided suggestions about what food charities could do relevant to the determinants of food insecurity. Given their experience as trained homelessness representatives, it is unsurprising that participants recruited through the urban service suggested advocacy and awareness raising should occur. Participant 9 was eager to see collaboration across the charitable food sector, where "...more organisations...actually come

together instead of working against each other...” competing for funding and duplicating services.

Participant 4, like several others, was dismissive about the capacity of charities to work with governments, asserting that public servants and politicians “...all suck”. Many interviewees suggested that policy makers and government leaders needed more empathy when making decisions about welfare and services for marginalised Australians. A repeated suggestion was that government decision-makers needed to walk in their shoes and “...stop guessing...please come down and rub shoulders at grass roots”. Although there was generally significant apathy and resistance to further government involvement in food security and welfare, participant 12 suggested that government, industry and community partnerships could provide opportunities for “shared value” and through the re-allocation of under-utilised public spaces, food hubs for cooking, vending and social-interaction could be established.

Almost all users described their social security as an insufficient stipend for meeting the cost of living, particularly the Newstart unemployment allowance (24). Participants were grateful for the support, however many suggested changes to welfare payment amounts, increased investment in welfare services and reduced spending on perceived non-essential events (for example, participant 11 was concerned about spending on Australia’s major sporting events in light of the poverty he experienced and witnessed in his community). Reducing the cost of nutritious food was also suggested by participant 6.

Several participants recommended innovative programs to help ensure people’s access to food. Participant 10 wanted local level food system change, suggesting vegetable patches and access to farmers markets through charity-issued vouchers, also identifying the importance of modifying behaviours to teach people cooking and budgeting. Three

participants suggested quarantined social security payments set aside for food purchasing. Free training for people to gain employment skills, cooking classes and subsidized access to supermarkets were also offered by participants.

## **Discussion**

This study generated contemporary evidence about the food insecurity experience in urban Australia; it's an existence that contributes to people's poor health, social exclusion and disempowerment. In a country renowned for quality and abundant food, a high standard of living and a spirit of egalitarianism, the findings are disturbing. Based on the interviewees perspectives it appears that charitable food services are an important part of the safety net, although services could be improved and are not a total solution. The major themes revealed in the interviews: vulnerability, resilience, shortcomings, survive and moving forward touched on re-occurring minor themes such as health, social inclusion and dignity. Programs should promote and embody these minor themes by adopting some of the recommendations discussed below, so that users no longer feel that they need to (as participant 8 described) leave their dignity at the door. Importantly, alterations to food charities affect service provision but they do not affect the underlying conditions that cause and perpetuate household food insecurity; hence, implications for future research and policy are also discussed.

Food charity users and people who are food insecure have been identified as a population with significant risks of nutritional deficiencies and poor health (6, 25, 26). Without an appropriate nutritional analysis of participant's diets it's difficult to draw conclusions about the dietary intake in this sample however, there was an indication of sub-

optimal dietary patterns and difficulty in obtaining and preparing food. Practical programs that improve the accessibility of low-cost and healthy food provision may help to mitigate nutrition-related risk factors. For example fresh food markets in low socio-economic settings (27), nutritious food pantries (28) and community kitchens (29). However, local-level food-based interventions may have a limited long term impact on household food insecurity (30).

The participants explained that experiencing a crisis and/or living in substandard housing greatly affected their vulnerability to food security. The recent national funding-cuts to emergency relief services (which provide food, vouchers, financial and material aid) (31) are therefore particularly concerning. The results also suggest that poor health may be a causal factor in food insecurity and related issues around unemployment and insecure housing, but that food insecurity can also compound poor health; for example, food insecurity can lead people to use food charities that have limited capacity to adequately service their needs and/or compromise on nutritional quality of purchased food. This cyclical and compounding process merits further enquiry.

Consistent with other research (32), most participants displayed significant resilience. This study revealed that volunteering for services is a novel resilience strategy, covered in the literature in a limited way (33). On the one hand this further linked the person to charitable food by providing greater access to food charity; normalising and habituating use. On the other hand, interviewees took pride in helping peers, saw this as a chance to give back to services that helped them and (in the urban sample) raise awareness about homelessness. Resilience strategies should be bolstered and could be delivered as volunteer programs, mentoring or peer-to-peer support. Programs that offer users choices have been promoted as a desirable service-model in this setting (34, 35), as well as case-

management and empowerment approaches to help meet peoples' underlying needs (beyond their immediate need for food) (36).

The limitations of food charities raised in this study are concerning, particularly because as many as 2,000,000 people use this sector and charities are an increasingly popular response to food insecurity in Australia. There was evidence of unsafe and unhealthy food, undignified services and limited access in times of need. Kent emphasizes the importance of people defining what and how they are fed (37) hence more consultation and research in the Australian emergency food setting would help clarify the desires of users. Canadian scholar, Riches, warns against the institutionalisation of food charities, arguing that they allow civil society to believe that the problem of food insecurity is being adequately met; deflecting attention from government's legislated responsibilities (3). Rather than challenging the social and environmental conditions that allowed food insecurity to take root in this wealthy nation it would appear that Australian society has responded in a manner that is typical of neoliberal welfare states; benevolence and gifts instead of rights and justice.

At the same time, interviewees explained that charities played an important role in helping people who "...are lost" to survive. Charities have the capacity to deliver localised interventions (38) and have been found to have significant webs of referrals and networks (39). This study also highlighted how dignified and healthy food programs can be perceived by users as a mechanism to "...draw people forward"; considering the adversity people face, food charities are likely to be one of the many stepping stones required to allow people to rebuild their lives. Programs that consult with their client group, evaluate their programs, collaborate across the sector and prioritize healthy food, social inclusion and dignified services, may be the most appropriate to implement in this setting. This study suggests that



they are also a realistic and vital part of welfare services for disenfranchised people until broader improvements to the food and social system are made.

This sample was recruited through welfare services and were volunteers hence, the participants were familiar with downstream charitable programs. It was likely then that this experience informed their suggestions about food insecurity strategies and may have contributed to the more positive reviews of service provision. Putland and colleagues examined “lay” knowledge of health inequalities (40) and found that interviewees tended to focus on individual health behaviours and attitudes and hence, tended to also favour individual level programs and policies. This was consistent in this study; however, there were several examples of suggestions pertaining to broader policy issues, advocacy and systems change that could be described as an upstream approach to food insecurity.

#### ***Implications for research and policy***

Researchers must employ techniques sensitive to this population (41) as their perspectives and knowledge are vital to improve efforts to tackle food insecurity. Researchers should engage further with users to better understand their needs and evaluate interventions with metrics defined by this population. In the future, larger samples can be used to identify widely-supported interventions and policies. Public health and food security researchers need to continue to build the evidence base and support political momentum for adequately resourced food security and welfare programs, particularly as the charitable model is rising in popularity in Australia (42). Action-research projects that engage people who are food insecure in order to share their stories, inform social policy, and monitor progress, offer an innovative and promising research model (43, 44).

A framework based on the human right to food and dignity highlights how charitable food organisations can work towards long term solutions and government can fulfil their

obligation to serve their people. Chilton and Rose (45) propose such a framework that emphasizes government accountability and transparency, public participation and priority support for people who are vulnerable. National food charities can advocate for food rights to be respected and protected by raising awareness about the inadequacies of current social and food policies. Charities and their supporters can stress the need for ongoing monitoring of household food insecurity, the national governments adoption of the Voluntary Guidelines for the Human Right to Food (46) and the fulfilment of the International Covenant on Economic, Social and Cultural Rights (ICESCR)(47). Advocacy could also be based on the interviewees' suggestions including increased government-provided social security benefits, more nutritious and dignified food charities and engagement from policy makers with frontline services and their clients. To date, Australia's food charities have advocated in a very limited way (19) and food scholars (3) highlight this as a vital responsibility for this sector.

#### ***Study limitations***

Although most Australians live in urban settings and in the south-eastern states, food insecurity is a major issue in remote communities and future research should incorporate these people's perspectives. Another limitation of the research was the process for member-checking. Creative techniques (41) have been used to engage vulnerable populations with analysis and results, and this has been under-utilized in this study. Finally, the modest sample size did not allow for content-analysis or quantitative approaches that would improve the generalizability of the research. However, the thematic analysis and use of pre-existing literature to compare and contrast the findings, helps to demonstrate the validity and theoretical-generalizations that are appropriate with research of this nature.

## **Conclusion**

The findings from this study suggest users who are volunteers at food charities, face significant adversity and vulnerability linked to their underlying poverty. Interviewees' resilience strategies included helping others, masking behaviour, seeking support, personal tenacity and stability. Based on the perspectives shared by 12 interviewees it appears that charitable food services in Melbourne, Victoria are an important part of the safety net; although services could be improved and are not a total solution. Frontline food charities may benefit from changes articulated by interviewees in order to be more conducive to client dignity, health and social-inclusion. Beyond charities, the results highlight that government collaboration and leadership is vitally important to ultimately help realize the right to food in Australia.

## References

1. Australian Bureau of Statistics (ABS). File generated 11 July 2014 using Australian Health Survey, Nutrition and Physical Activity (2011-12) TableBuilder. Findings based on use of ABS Tablebuilder data. Canberra 2014.
2. Caraher M, Cavicchi A. Old crises on new plates or old plates for a new crises? Food banks and food insecurity. *Br Food J*. 2014;116(9).
3. Riches G, Silvasti T. Hunger in the rich world: Food aid and the right to food perspectives In: Riches G, Silvasti T, editors. *First world hunger revisited: Food charity or the right to food?* Basingstoke: Palgrave Macmillan; 2014.
4. DeSchutter O. Freedom from Hunger: Realising the Right to Food in the UK: a lecture by the United Nations Special Rapporteur on the Right to Food London2013 [03/01/2014]. Available from: <http://just-fair.co.uk/freedomfromhunger>.
5. Tse C, Tarasuk V. Nutritional assessment of charitable meal programmes serving homeless people in Toronto. *Public Health Nutr*. 2008;11(12):1296-305.
6. Castetbon K, Méjean C, Deschamps V, Bellin-Lestienne C, Oleko A, Darmon N, et al. Dietary behaviour and nutritional status in underprivileged people using food aid (ABENA study, 2004–2005). *J Hum Nutr Diet*. 2011;24(6):560-71.
7. O'Reilly S, O'Shea T, Bhusumane S. Nutritional vulnerability seen within asylum seekers in Australia. *J Immig Minor Health*. 2012;14(2):356-60.
8. Eppich S, Fernandez CP. Study finds Chapel Hill, NC, soup kitchen serves nutritious meals. *J Am Diet Assoc*. 2004;104(8):1284-6.
9. Ross M, Campbell EC, Webb KL. Recent trends in the nutritional quality of food banks' food and beverage inventory: Case studies of six California food banks. *J Hunger Environ Nutr*. 2013;8(3):294-309.
10. Tarasuk V, Dachner N, Hamelin A-M, Ostry A, Williams P, Bosckei E, et al. A survey of food bank operations in five Canadian cities. *BMC Public Health*. 2014;14:1234.
11. Hamelin A-M, Mercier C, Bédard A. Perception of needs and responses in food security: Divergence between households and stakeholders. *Public Health Nutr*. 2008;11(12):1389-96.
12. Frederick J, Goddard C. Sweet and sour charity: Experiences of receiving emergency relief in Australia. *Aust Social Work*. 2008;61(3):269-84.
13. Salonen A. The Christmas celebration of secondary consumers: Observations from food banks in Finland. *J Consum Cult*. 2014;0(0):1-17.
14. Wicks R, Treverna L, Quine S. Experiences of food insecurity among urban soup kitchen consumers: Insights for improving nutrition and well-being. *J Am Diet Assoc*. 2006;106(6):921-4.
15. Mohsin M, Rikard-Bell G, Nolan M, Williams M. Food insecurity in three socially disadvantaged localities in Sydney, Australia. *Health Promot J Austr*. 2006;17(3):247-54.
16. Bryce A, Donoghue C, Allen B, Stokes S. Food security and permanent residents of caravan parks. *Environ Health*. 2005;5(1):73-83.
17. Pezet H. Give and take, cause and cure. In: King S, editor. *When there isn't enough to eat - essays Volume 1*. Ainslie: Anglicare; 2012.
18. Lindberg R, Whelan J, Lawrence M, Gold L, Friel S. Still serving hot soup? Two hundred years of a charitable food sector in Australia: A narrative review. *Aust N Z J Public Health*. 2015.
19. King S, Moffitt A, Bellamy J, Carter S, McDowell C, Mollenhauer J. *When there isn't enough to eat - research report. Volume 2*. Ainslie: Anglicare, 2012.
20. Minichiello V, Aroni R, Hays T. *In-depth interviewing: Principles, techniques, analysis*. 3rd ed. Sydney: Pearson Education Australia; 2008.
21. Australian Bureau of Statistics. 3105.0.65.001 - Australian historical population statistics 2014 2015 [3/06]. Available from: [www.abs.gov.au](http://www.abs.gov.au).
22. Morse J. Data were saturated... *Qual Health Res*. 2015;25(5):587-8.

23. Green J, Willis K, Hughes E, Small R, Welch N, Gibbs L, et al. Generating best evidence from qualitative research: The role of data analysis. *Aust N Z J Public Health*. 2007;31(6):545-50.
24. Services DoH. Newstart Allowance Government of Australia; 2015 [20/11]. Available from: <http://www.humanservices.gov.au/customer/services/centrelink/newstart-allowance>.
25. Nord M. What have we learned from two decades of research on household food security? *Public Health Nutr*. 2014;17(01):2-4.
26. Gucciardi E, Vahabi M, Norris N, Del Monte J, Farnum C. The intersection between food insecurity and diabetes: A review. *Current Nutrition Reports* 2014;3:324-32.
27. Young C, Karpyn A, Uy N, Wich K, Glyn J. Farmers' markets in low income communities: impact of community environment, food programs and public policy. *Community Development*. 2011;42(2):208-20.
28. Seligman HK, Lyles C, Marshall MB, Prendergast K, Smith MC, Headings A, et al. A pilot food bank intervention featuring diabetes-appropriate food improved glycemic control among clients in three states. *Health Aff*. 2015;34(11):1956-63.
29. Iacovou M, Pattieson D, Truby H, Palermo C. Social health and nutrition impacts of community kitchens: A systematic review. *Public Health Nutr*. 2013;16(3):535-43.
30. Collins PA, Power EM, Little MH. Municipal-level responses to household food insecurity in Canada: a call for critical, evaluative research. *Can J Public Health*. 2014;105(2):e138-41.
31. Department of Social Services. Emergency relief website 2015 [Cited May 15]. Available from: <https://www.dss.gov.au/our-responsibilities/communities-and-vulnerable-people/programs-services/emergency-relief>.
32. Anater A, McWilliams R, Latkin C. Food acquisition practices used by food-insecure individuals when they are concerned about having sufficient food for themselves and their households. *J Hunger Environ Nutr*. 2011;6(1):27-44.
33. do Paço A, Agostinho D. Does the kind of bond matter? The case of food bank volunteer. *Int Rev Public Nonprofit Mark*. 2012;9(2):105-18.
34. Remley DT, Kaiser ML, Osso T. A case study of promoting nutrition and long-term food security through choice pantry development. *J Hunger Environ Nutr*. 2013;8(3):324-36.
35. Levkoe C, Wakefield S. The community food centre: Creating space for a just, sustainable, and healthy food system. *J Agric Food Systems Community Dev*. 2011;2(1):249.
36. Herzfeld M. The intersection between emergency food relief and food security. Hobart: Tasmanian Council of Social Services, 2010.
37. Kent G. Freedom from want. The human right to adequate food. Washington D.C. : Georgetown University Press; 2005.
38. Lambie-Mumford H, Jarvis D. The role of faith-based organisations in the Big Society: Opportunities and challenges. *Policy Studies*. 2012;33(3):249-62.
39. Ayton D, Carey G, Joss N, Keleher H, Smith B. Exploring the partnership networks of churches and church-affiliated organisations in health promotion. *Aust J Prim Health*. 2012;18(2):148-57.
40. Putland C, Baum F, Ziersch A. From causes to solutions - insights from lay knowledge about health inequalities. *BMC Public Health*. 2011;11(1):67-77.
41. Liamputtong P. Researching the vulnerable: A guide to sensitive research methods. London: Sage; 2007.
42. Booth S. Food banks in Australia: Discouraging the right to food. In: Riches G, Silvasti T, editors. First world hunger revisited: Food charity or the right to food? Basingstoke: Palgrave Macmillan; 2014.
43. Chilton MM, Rabinowich JR, Woolf NH. Very low food security in the USA is linked with exposure to violence. *Public Health Nutr*. 2014;17(01):73-82.
44. Adams K, Burns C, Liebszeit A, Ryschka J, Thorpe S, Browne J. Use of participatory research and photo-voice to support urban Aboriginal healthy eating. *Health Soc Care Comm*. 2012;20(5):497-505.

- 667 45. Chilton M, Rose D. A rights-based approach to food insecurity in the United States. *Am J*  
668 *Public Health*. 2009;99(7):1203-11.
- 669 46. Food and Agriculture Organization. Voluntary guidelines. The right to food. Rome: United  
670 Nations, 2005.
- 671 47. United Nations. International covenant on economic, social and cultural rights. Geneva:  
672 1976.
- 673